December 19, 2013

Governor Robert F. McDonnell Office of the Governor Patrick Henry Building 1111 East Broad Street Richmond, VA 23219

Dear Governor McDonnell:

In accordance with the Governor's direction, I have completed the review of the incident involving Senator Creigh Deeds and his son. The review was conducted in conjunction with the Department of Behavioral Health and Developmental Services and included reviews of pertinent medical records and interviews with clinicians, hospital personnel, and law enforcement personnel involved in the events of November 18, 2013. Based on the review, recommendations have been developed to improve Virginia's mental health system.

In order to comply with state confidentiality law, and to respect the privacy of the Deeds family, the full review will not be released at this time. Enclosed are the recommendations for improvement that resulted from the review.

Sincerely,

William A. Hazel, Jr., M.D. Secretary of Health & Human Resources

Review of Incident Following Emergency Custody Order (ECO)

Office of the Secretary of Health and Human Resources

Report Issued: December 19, 2013

Introduction

On November 19, 2013, Governor McDonnell directed the Secretary of Health and Human Resources, Dr. William A. Hazel, Jr, to conduct a review of an incident that occurred in Bath County. The review was conducted by the Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing with the assistance of the DBHDS Behavioral Health Services Division. The review included reviews of pertinent medical records and interviews with clinicians, hospital personnel, and law enforcement personnel involved in the events of November 18, 2013.

Recommendations

Based the review activities summarized above, the following recommendations have been identified.

Civil Commitment Process

- A. Amend Virginia *Code* § 37.2-808 to clarify responsibility for notifying the CSB 1) when an ECO has been issued by the Magistrate, 2) when the ECO has been executed by law enforcement and 3) of the location to which the individual has been taken for the preadmission screening assessment.
- B. Clarify through education of CSBs and willing hospitals that preadmission screening can be carried out electronically pursuant to § 37.2-809(B) and provide funding to assure that all CSBs have adequate and appropriate equipment to perform electronic screenings.
- C. Amend Virginia *Code* § 37.2-808(G) and (J) to provide an option for further extending the ECO period beyond 6 hours when the CSB clinician has determined that the individual meets the criteria for a TDO and additional time is needed to locate an available bed at a willing facility.
- D. Consider removing the requirement that the facility of temporary detention be specified on the Temporary Detention Order (TDO).
- E. Conduct a study to assess the need statewide for secure assessment sites and establish these sites in communities across the state as indicated by the study.

Facility of Temporary Detention

- F. Complete the implementation of the Electronic Bed Registry that is currently under development. Develop guidelines with the involvement of the CSBs and private hospitals to assure that the data base is maintained to reflect real time accuracy of available beds.
- G. Explore other technological capacities such as video conferencing and electronic exchanges of information that may improve the processes of finding and documenting resource availability in crises.
- H. Complete and implement revised guidelines for medical screening for use by private and state psychiatric hospitals and emergency departments.
- I. Clarify and assure more consistent and widespread awareness of the procedures for when the state hospital in the region should be contacted to secure a bed for the TDO and what prerequisites the CSB must meet before contacting the state hospital.
- J. Clarify when it is appropriate for a state hospital to be utilized for temporary detention and process for requesting and accessing such a bed.
- K. Clarify the role and expectations of Crisis Stabilization Programs related to accepting individuals under temporary detention.

Creation of Adequate Service Capacity

- L. Expand the availability and capacity of services within the full crisis services response continuum in order to provide more effective alternatives to hospitalization in crises and to provide access to inpatient services when this is the most appropriate response.
- M. Conduct a study to determine the needs in each region of the state for services that will enable assessment and early identification of emotional and psychiatric concerns for children and adults, the provision of ongoing treatment and supports for children, adults and their families that will help maintain stability and functionality in their communities and thereby reduce the frequency and intensity of psychiatric crises.
- N. Assure continued and increased efforts to provide assistance to enable persons who no longer require inpatient services to be discharged from hospitals, thereby freeing up hospital resources for additional persons needing inpatient level of services.

Other

O. Explore all avenues to increase and improve cooperation and mutual support through the partnerships between CSBS, state hospitals, private hospitals, law enforcement and judicial officials.